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Title

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Permalink

<https://escholarship.org/uc/item/6b04g03p>

Journal

Journal of Urban Health, 89(4)

ISSN

1099-3460

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Publication Date

2012-08-01

DOI

10.1007/s11524-012-9685-7

Peer reviewed

Health and Safety Strategies of Urban Taxi Drivers

Barbara Jean Burgel, Marion Gillen, and Mary Castle White

ABSTRACT *This study describes health and safety concerns and self-care strategies of San Francisco taxi drivers. Focus groups and a written cross-sectional survey were done in a convenience sample of taxi drivers working in San Francisco. Sessions were audiotaped, transcribed in English, and independently coded to identify major health and safety themes, using thematic content analysis. Strategies to manage health and safety issues are the focus of this analysis. Five focus groups were held in 2009 with 36 participants. Major health and safety themes included stress, body pain, danger, vulnerable employment status, and concerns related to unhealthy working conditions. Self-care strategies included diffusion/decompression to manage stress, maintaining a positive attitude, maintaining power and control, and practicing proactive self-care. Creative self-care strategies were described by taxi drivers to keep healthy and safe at work. These data will inform future self-care interventions to reduce health and safety risks of taxi driving.*

KEYWORDS *Occupational health and safety self-care strategies, Taxi drivers, Focus groups*

INTRODUCTION

While some evidence exists regarding occupational health and safety of taxi drivers, little is known about their work perceptions. Taxi drivers are at high risk for occupational fatalities from homicide and motor vehicle accidents,^{11,13} with 14.9 fatalities in taxi drivers and chauffeurs compared to 3.3 per 100,000 workers in other occupations.⁴ Assaults and violent acts resulting in lost work days are higher as well (3.7 assaults per 10,000 in taxi drivers compared to 2.4 per 10,000 workers in other occupations).³ Musculoskeletal disorders are common^{3,6,7,12,14} (68.4 musculoskeletal disorders per 100,000 drivers compared to 35.4 per 100,000 workers in other occupations).³ Overall poor working conditions include long hours, high stress, and poor health status² as well as lack of health and workers' compensation insurance.²

San Francisco has 7,000 drivers, 34 companies, and 1,500 taxi permits.^{9,15} The work life of a taxi driver is described as low-paying, dangerous, and economically unstable.¹ Taxi drivers are mostly immigrants, and as independent contractors, they earn less than minimum wage, work long hours, without overtime, health benefits, sick leave, vacation, or the right to unionize.¹ Recent municipal actions to change

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the permit process contribute to increased stress and job insecurity.¹ Taxi operators drive in urban settings day and night and negotiate multiple interactions with customers, police, traffic control, hotels, and restaurants, while navigating through traffic, pedestrians, and bicyclists, often in inclement weather.

Little is known about how taxi drivers manage their health and safety in these complex environments. Work and work risks are determinants of health; most risks are preventable. Canadian taxi drivers reportedly manage risks by using three different types of “talk:” evaluative, placative, and entertaining.¹⁰ Talk is used in different customer interactions to diffuse precarious situations.¹⁰ Others drive taxis until better jobs become available, but economic, language, immigration, and educational barriers may limit choices. This phase I study, a component of a multiphasic mixed methods research project, explored and described concerns and self-care strategies of taxi drivers. These data will inform questionnaire development in phase II.

METHODS

This exploratory study used five focus groups ($n=36$) and a written cross-sectional survey ($n=37$) in a non-probability convenience sample of taxi drivers, aged 21–66, driving at least 20 h/week, and able to read/write in English, Chinese, or Arabic. Recruitment was by word of mouth through informal networks of the Asian Law Caucus, a nonprofit agency. Notices were posted in dispatch lots and distributed to taxis at the airport. This study was approved by the University of California–San Francisco Institutional Review Board. Participants provided written consent in their preferred language. Drivers received US\$50 for participation.

Focus groups (four in English and one with concurrent Arabic translation) lasted 90 min and were led by one investigator (BB) with a recorder (MG). Sessions were audiotaped and transcribed. The overarching research question explored safety and health perceptions and two self-care strategies:

- What do you do to keep yourself (1) safe and (2) healthy while driving?

Using thematic content analysis, transcripts were independently coded by two researchers to identify major themes.⁵ The researchers used a realist approach and did not begin with one theoretical perspective. An inductive, data-driven process drove the thematic analysis; themes were not counted, nor were they organized by a preexisting coding framework. Patterns of prominent themes were identified at the semantic/explicit level, within and across groups, using a constant comparative technique. Quotes are presented in Table 2 as representative illustrations of self-care themes. Researchers who conducted the analyses included one (BB) with expertise with low wage and immigrant workers and (MG) with both qualitative and quantitative work injury research experience. Both bring a theoretical perspective of primary prevention at organizational and individual levels.

RESULTS

Thirty-six drivers from nine taxi companies participated in five focus groups held in August 2009; 37 contributed survey data. Participants were male (86 %), age 47 (standard deviation (SD) 10.0), with 14.5 (SD 3.2) years of education. Fifty-seven percent were born outside the USA. Most (57 %) had no health insurance; 13 % experienced a work-related injury in the previous year (see Table 1). These results

TABLE 1 Demographics of focus group sample, $n=37$

Number of cab companies sampled	9
Gender	
Male	86.5 %
Female	13.5 %
Age, mean [standard deviation (SD)]	47.4 (10.0)
Median	48.5
Range in years	32–66
USA born	43 %
Married or partnered	32 %
Years of education, mean (SD)	14.5 (3.2)
Median	15.00
Range in years	6–21
Primary language spoken at home	
English	54 %
Arabic	19 %
Burmese	8 %
Urdu	5 %
Hindi	3 %
Chinese	3 %
Portuguese	3 %
Syrian	3 %
Ramallah dialect	3 %
Years driving a taxi, mean (SD)	8.5 (9.2)
Median	5.0
Range in years	0–36
Number of hours worked in prior week	49.8 (18.8)
Median	50.0
Range in hours	10–84
Number of shifts worked in prior week, mean (SD)	4.3 (1.5)
Median	5.0
Range in days	1–7
Average hours/shift, mean (SD)	11.4 (1.9)
Median	10.7
Range in hours	9–15.7
Other paid job	21.6 %
Health status	
Excellent	22 %
Very good	19 %
Good	49 %
Fair	11 %
Poor	0 %
No health insurance	57 %
Experienced an injury at work in prior year	13.5 %

are similar to a 2003 health insurance survey of 1,837 drivers, except health status was poorer with 25 % reporting fair/poor health.⁸

Five major themes emerged as health and safety risks: stress; body pain; danger; vulnerable employment status; and unhealthy working conditions (unpublished data). Four self-care strategies emerged: diffusion/decompression, keeping a positive

attitude, maintaining power and control in the cab, and practicing proactive self-care to maintain health (see Table 2 for illustrative quotes).

DIFFUSION/DECOMPRESSION TO MANAGE STRESS

Taking breaks, going to the airport, and music were used to diffuse stressful situations. “You have a fight with a passenger. You get a ticket... you go down to

TABLE 2 Selected quotes supporting self-care strategies

Strategies	Illustrative quotes
Diffusion/decompression	<p>“You can’t go around...feeling like the dispatcher is ripping you off, other guys are taking your (fares)... Those aren’t your rides. You’ll get your rides. The town’s a big city. ...It’s just by staying calm and calmness will always help...You’re getting upset and it could be like a \$3.40 ride. So just let it go...”</p> <p>“I drive during the day, that’s one thing I do to keep myself safe, and I don’t argue with customers....when I have someone in my cab that really makes me uncomfortable, where I feel threatened...I chat with them. I engage them in conversation because ...if they have this feeling that I am their friend... we’ve been chatting for the last 15 min, then they’re less likely to rob me. Maybe I am naive, but I just try to be friendly with them...”</p>
Maintaining a positive attitude	<p>“...(you have to) have faith that things are going to turn out okay for you...this general feeling of trust and faith in life...”</p> <p>“Always keep in mind that no matter how bad your day is, in that last hour and a half you can make \$200 and bounce back.”</p>
Maintaining power and control in the cab	<p>“I’m mindful of (the speed limit), and it reduces the tension and it feels like I’m in control rather than being controlled by others...I try to establish the rapport with the passenger... And I say if you want to go faster you might want to get another taxi because this one can’t fly...”</p> <p>“...the first time I went out to the airport I looked around and I thought, oh my God, I feel like I’m in a men’s prison because I’m the only girl there. So I am locking myself in the car... I used to have a real foul mouth when anyone would approach me... but I don’t have to do that anymore. I’ve kind of learned. ... you know, just keep to yourself... I know a few people, and maybe I’ll say hello to them, but it’s always above board and professional. Never personal life...”</p>
Proactive self-care strategies to manage health	<p>“Having the newer cars with the different seat adjustments and the (steering) wheel adjustments is definitely a big help. And if you happen to have an arm rest, three major things...And the best thing for you totally is to get up and open the door for each passenger. Number one, it makes them happy; number two, they can’t believe they’re even seeing you do that, and number three, it stretches your back and you get out all day. Cause sometimes and you wish this happens, you’re so busy that you never get out of the car the whole day and you just do nothing but collect money...”</p> <p>“At night when they get in and they say, “Can I smoke?” I say, “No, I’m sorry, I’m allergic.”</p>

the airport... to chill...” Humor and making a human connection with customers also lightened tense situations.

MAINTAINING A POSITIVE ATTITUDE

To manage stressful work demands: “...you got to start fresh every day... loosen on the wheel, relax and do your thing. If you’re under pressure, it becomes a nightmare...” Participants noted the importance of not worrying: “...if you worry you make bad decisions that may pose risk.” Learning to accept “pandemonium” and not personalizing things were additional strategies.

MAINTAINING POWER AND CONTROL IN THE CAB

The participants controlled “their” cab by setting limits with customers, informing them they were keeping the speed limit, maintaining boundaries, and not answering overly personal questions. Unruly passengers were asked to leave their cab; if a customer refused and drivers perceived danger, they exited the cab: “You’re not getting out of the cab? I said, “Well, then I’m getting out of the cab. (I) turned the key, took the key with me and walked away...”

PRACTICING PROACTIVE SELF-CARE TO MAINTAIN HEALTH

Primary and secondary prevention strategies emerged. The participants spoke of the need to manage anger and get depression treatment. Strategies for body pain included lumbar supports, not sitting on wallets to avoid sciatic nerve pressure, good body mechanics when managing luggage, stretching, and getting massages. They also used over-the-counter medications for pain. “I live on Motrin...without it, I don’t know if I could even work sometimes. There (are) always aches and pains... it’s tough on your back...”

Self-care actions to reduce danger included: only driving to specific addresses; avoiding chasing fare-evading customers; and positioning mirrors on the back seat. To reduce potential for car crashes, participants drove the speed limit, used seat belts, followed rules of the road, kept the cab in good working condition, and avoided eye contact with road-rage drivers. If customers asked questions about how the shift was going, drivers recommended answering with a standard “Just started” response to avoid a potential robbery situation. Many said their cell phones provided safety and social support from friends.

To manage vulnerable employment status, specifically lack of health insurance, drivers enrolled in Healthy San Francisco, a program for the uninsured. While many saw a permit as a way to secure retirement income, they recognized the long wait list and proposed system restructuring as limits to this strategy. Others proposed collective action to advocate for living wages and benefits.

Strategies for health included getting adequate sleep before driving. Participants frequently washed their hands, cleaned their cabs, and knew restroom-friendly hotels and hospitals. Eating healthy snacks and taking frequent stretch breaks addressed nutritional concerns and inactivity. Several mentioned collective action to facilitate self-care, such as requiring airport food vendors to provide fresh produce and pressuring local governments to allow access to restrooms available for bus drivers.

CONCLUSION

This study explored health and safety concerns and strategies of taxi drivers using their own words. While qualitative data are by definition limited in sample size, they provide depth and detailed information to inform future research. These results should be useful to healthcare providers, cab owners, transportation policymakers, and to taxi drivers themselves, as a starting point for interventions to maximize health and safety in this understudied population.

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